SERIAL NO. ILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2ml AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND IND. DEP. DEP. :0 <u> 20</u> 5 <u> 38</u> TAL TOTAL TOYAL DEP. TOTAL *MAY BB CORD FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE